



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Applicant Number	10/649398	
	Filing Date	08/27/2003	
	First Named Inventor	CHAUDHRY	
	Group Art Unit	To Be Assigned	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	PD01506K

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	Form 1449, Certification of Mailing, 3 References, Return Post Card
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	SCHERING-PLOUGH CORPORATION PATENT DEPARTMENT, k-6-1-1900 ROBERT J. LIPKA REG. NO. 42807
Signature	
Date	October 8, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>	
Typed or printed name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Attorney Docket No.: PD01506K

Application No.: 10/649398

Filing Date: 08//27/2003

Inventor: CHAUDHRY

PTO/SB92 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

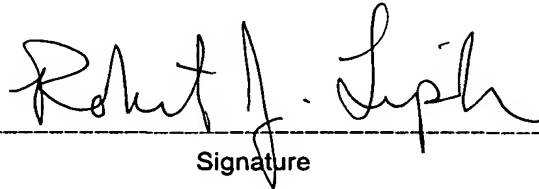
Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

on October 8, 2003

Date



Signature

ROBERT J. LIPKA

Typed or printed name of person of signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Documents submitted:

RESPONSE TRANSMITTAL SHEET (1 PAGE)

INFORMATION DISCLOSURE STATEMENT (2 PAGES)

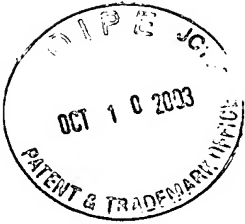
FORM 1449 (1 page in duplicate)

Certificate of Mailing (1 page)

Return Post Card

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



----- X
In re Application of: :
Chaudhry, et al. :
Patent For: Process for producing :
Metered dose inhaler formulations : Group Art Unit: TBA
Serial No.: 10/649,938 :
Filed: 8/27/03 :
-----X

Commissioner, Patents
P.O. Box 1450
Alexandria, Va. 22313-1450

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with the applicant's duty of disclosure expressed in 37 C.F.R. § 1.56, the Examiner's attention is directed to the accompanying form PTO-1449. As no action has been received on the merits, it is not believed that any fee is due. In the event a fee is due, the Commissioner is hereby authorized to charge the same to deposit account no. 19-0365

The listed documents may be relevant to examination of the application. Inclusion of the document is not an admission that the document is prior art with respect to the invention of the application and is not to be construed as an admission that anything in the document renders any claim of the application unpatentable. The Examiner is requested to disregard any underlining or marginal notation (if any) appearing in a copy, since marking may have been done for another purpose and not pertain in any manner to the subject application.

Copies of the listed documents are enclosed.

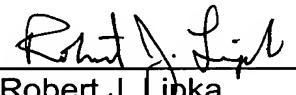
Applicants assert that the claimed invention is patentable over the documents listed on PTO-1449.

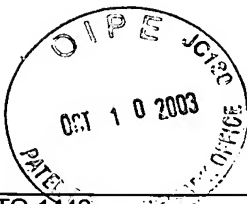
Consideration of the documents, and the return of an initialed copy of the duplicate copy of the enclosed forms PTO-1449 to indicate such consideration, are respectfully requested.

Should the Office have any questions or concerns, please do not hesitate to contact the undersigned at the Examiner's convenience.

Respectfully submitted,

Patent Department, K-6-1, 1990
SCHERING-PLOUGH CORPORATION
2000 Galloping Hill Road
Kenilworth, New Jersey 07033-0530

 10/8/03
Robert J. Lipka
Attorney for Applicant(s)
Registration No.: 42,807
Telephone No.: (908) 298-5056
Facsimile No. (908) 298-5388

Sheet 1 of 1

FORM PTO-1449		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO.: PD01506K		SERIAL NO.: 10/649398	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)				APPLICANT: CHAUDHRY			
				FILING DATE: 08/27/2003		GROUP: To Be Assigned	
U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB- CLASS	FILING DATE IF APPROPRIATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
FOREIGN PATENT DOCUMENTS							
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB- CLASS	TRANSLATION YES NO
	AL	WO94/22722	10/13/1994	PCT			
	AM	EP0419261B1	06/02/1993	EP			
	AN	EP0768114A2	04/16/1997	EP			
	AO						
	AP						
OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)							
	AQ						
	AR						
	AS						
	AT						
	AU						
	AV						
EXAMINER				DATE CONSIDERED			
*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.							